

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.05146810

Gross Claim	\$	2,611,064.34
State Hospital Offset	\$	306,513.44
Managed Care Offset 12-20-10 to 1-10-10	\$	208,044.48
	\$	0.00
Net Claim / Payment Amount	\$	2,096,506.42
YTD Amount:	\$	11,759,015.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00020408

Gross Claim	\$	10,353.33
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,353.33
YTD Amount:	\$	55,676.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00074727

Gross Claim	\$	37,910.28
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	37,910.28
YTD Amount:	\$	203,761.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00636453

Gross Claim	\$	322,883.44
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	34,488.90
	\$	0.00
Net Claim / Payment Amount	\$	288,394.54
YTD Amount:	\$	1,582,594.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00089494

Gross Claim	\$	45,401.83
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	2,277.48
	\$	0.00
Net Claim / Payment Amount	\$	43,124.35
YTD Amount:	\$	223,624.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00072436

Gross Claim	\$	36,748.02
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	36,748.02
YTD Amount:	\$	197,616.04

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.02526526

Gross Claim	\$	1,281,749.65
State Hospital Offset	\$	187,817.00
Managed Care Offset 12-20-10 to 1-10-10	\$	115,695.10
	\$	0.00
Net Claim / Payment Amount	\$	978,237.55
YTD Amount:	\$	5,502,465.60

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00098006

Gross Claim	\$	49,720.11
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	49,720.11
YTD Amount:	\$	258,154.31

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00318495

Gross Claim	\$	161,577.94
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	161,577.94
YTD Amount:	\$	867,179.22

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.02613025

Gross Claim	\$	1,325,632.07
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	424,440.06
	\$	0.00
Net Claim / Payment Amount	\$	901,192.01
YTD Amount:	\$	5,188,447.67

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00092327

Gross Claim	\$	46,839.06
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	46,839.06
YTD Amount:	\$	228,472.08

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00507105

Gross Claim	\$	257,263.00
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	4,480.50
	\$	0.00
Net Claim / Payment Amount	\$	252,782.50
YTD Amount:	\$	1,375,691.53

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00428253

Gross Claim	\$	217,260.04
State Hospital Offset	\$	46,492.07
Managed Care Offset 12-20-10 to 1-10-10	\$	32,780.63
	\$	0.00
Net Claim / Payment Amount	\$	137,987.34
YTD Amount:	\$	834,347.57

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00102685

Gross Claim	\$	52,093.85
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	52,093.85
YTD Amount:	\$	278,050.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2011

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01837808

Gross Claim	\$	932,351.29
State Hospital Offset	\$	19,458.10
Managed Care Offset 12-20-10 to 1-10-10	\$	63,382.81
	\$	0.00
Net Claim / Payment Amount	\$	849,510.38
YTD Amount:	\$	4,542,232.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00338816

Gross Claim	\$	171,887.13
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	35,933.13
	\$	0.00
Net Claim / Payment Amount	\$	135,954.00
YTD Amount:	\$	776,420.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00194233

Gross Claim	\$	98,537.71
State Hospital Offset	\$	34,565.20
Managed Care Offset 12-20-10 to 1-10-10	\$	19,537.00
	\$	0.00
Net Claim / Payment Amount	\$	44,435.51
YTD Amount:	\$	279,249.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00097320

Gross Claim	\$	49,372.09
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	4,724.00
	\$	0.00
Net Claim / Payment Amount	\$	44,648.09
YTD Amount:	\$	247,336.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.30583254

Gross Claim	\$	15,515,405.42
State Hospital Offset	\$	2,944,496.97
Managed Care Offset 12-20-10 to 1-10-10	\$	2,827,581.50
	\$	0.00
Net Claim / Payment Amount	\$	9,743,326.95
YTD Amount:	\$	53,542,266.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00294844

<u>Gross Claim</u>	\$	149,579.38
State Hospital Offset	\$	15,497.35
Managed Care Offset 12-20-10 to 1-10-10	\$	29,626.85
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	104,455.18
YTD Amount:	\$	631,601.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01093908

Gross Claim	\$	554,958.15
State Hospital Offset	\$	43,776.72
Managed Care Offset 12-20-10 to 1-10-10	\$	13,519.25
	\$	0.00
Net Claim / Payment Amount	\$	497,662.18
YTD Amount:	\$	2,566,795.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00055905

Gross Claim	\$	28,361.56
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	28,361.56
YTD Amount:	\$	140,405.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00339825

Gross Claim	\$	172,399.01
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	2,878.44
	\$	0.00
Net Claim / Payment Amount	\$	169,520.57
YTD Amount:	\$	793,710.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00679110

Gross Claim	\$	344,524.07
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	3,898.86
	\$	0.00
Net Claim / Payment Amount	\$	340,625.21
YTD Amount:	\$	1,802,096.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00054258

Gross Claim	\$	27,526.01
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	27,526.01
YTD Amount:	\$	138,837.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00042947

Gross Claim	\$	21,787.74
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	5,764.00
	\$	0.00
Net Claim / Payment Amount	\$	16,023.74
YTD Amount:	\$	109,670.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00954731

<u>Gross Claim</u>	\$	484,351.29
State Hospital Offset	\$	30,994.72
Managed Care Offset 12-20-10 to 1-10-10	\$	25,819.34
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	427,537.23
YTD Amount:	\$	2,216,209.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00558460

Gross Claim	\$	283,316.27
State Hospital Offset	\$	77,780.94
Managed Care Offset 12-20-10 to 1-10-10	\$	16,033.95
	\$	0.00
Net Claim / Payment Amount	\$	189,501.38
YTD Amount:	\$	1,066,487.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00227267

Gross Claim	\$	115,296.42
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	411.74
	\$	0.00
Net Claim / Payment Amount	\$	114,884.68
YTD Amount:	\$	608,892.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.05736069

Gross Claim	\$	2,910,005.46
State Hospital Offset	\$	426,730.40
Managed Care Offset 12-20-10 to 1-10-10	\$	374,078.12
	\$	0.00
Net Claim / Payment Amount	\$	2,109,196.94
YTD Amount:	\$	11,483,710.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00448968

Gross Claim	\$	227,769.11
State Hospital Offset	\$	24,756.75
Managed Care Offset 12-20-10 to 1-10-10	\$	3,854.50
	\$	0.00
Net Claim / Payment Amount	\$	199,157.86
YTD Amount:	\$	998,419.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00073844

Gross Claim	\$	37,462.32
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	2,606.16
	\$	0.00
Net Claim / Payment Amount	\$	34,856.16
YTD Amount:	\$	198,849.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.03161943

Gross Claim	\$	1,604,107.52
State Hospital Offset	\$	89,717.79
Managed Care Offset 12-20-10 to 1-10-10	\$	122,027.78
	\$	0.00
Net Claim / Payment Amount	\$	1,392,361.95
YTD Amount:	\$	7,434,100.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.03719600

Gross Claim	\$	1,887,016.41
State Hospital Offset	\$	272,887.28
Managed Care Offset 12-20-10 to 1-10-10	\$	158,940.16
	\$	0.00
Net Claim / Payment Amount	\$	1,455,188.97
YTD Amount:	\$	8,059,564.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00099302

Gross Claim	\$	50,377.60
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	3,490.22
	\$	0.00
Net Claim / Payment Amount	\$	46,887.38
YTD Amount:	\$	263,835.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.04141449

Gross Claim	\$	2,101,027.59
State Hospital Offset	\$	217,899.82
Managed Care Offset 12-20-10 to 1-10-10	\$	365,638.87
	\$	0.00
Net Claim / Payment Amount	\$	1,517,488.90
YTD Amount:	\$	8,235,897.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.06880002

Gross Claim	\$	3,490,342.15
State Hospital Offset	\$	227,307.49
Managed Care Offset 12-20-10 to 1-10-10	\$	495,280.58
	\$	0.00
Net Claim / Payment Amount	\$	2,767,754.08
YTD Amount:	\$	14,621,818.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.05730858

Gross Claim	\$	2,907,361.83
State Hospital Offset	\$	635,391.45
Managed Care Offset 12-20-10 to 1-10-10	\$	113,314.10
	\$	0.00
Net Claim / Payment Amount	\$	2,158,656.28
YTD Amount:	\$	12,171,099.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01837745

Gross Claim	\$	932,319.33
State Hospital Offset	\$	44,337.20
Managed Care Offset 12-20-10 to 1-10-10	\$	47,032.95
	\$	0.00
Net Claim / Payment Amount	\$	840,949.18
YTD Amount:	\$	4,638,567.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00515115

Gross Claim	\$	261,326.61
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	8,443.50
	\$	0.00
Net Claim / Payment Amount	\$	252,883.11
YTD Amount:	\$	1,348,173.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.02643391

<u>Gross Claim</u>	\$	1,341,037.26
State Hospital Offset	\$	77,486.79
Managed Care Offset 12-20-10 to 1-10-10	\$	29,863.19
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	1,233,687.28
YTD Amount:	\$	6,658,494.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00991435

Gross Claim	\$	502,971.86
State Hospital Offset	\$	6,670.00
Managed Care Offset 12-20-10 to 1-10-10	\$	10,926.99
	\$	0.00
Net Claim / Payment Amount	\$	485,374.87
YTD Amount:	\$	2,516,814.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.04686024

<u>Gross Claim</u>	\$	2,377,299.76
State Hospital Offset	\$	575,166.85
Managed Care Offset 12-20-10 to 1-10-10	\$	175,177.45
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	1,626,955.46
YTD Amount:	\$	9,102,177.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00602421

Gross Claim	\$	305,618.43
State Hospital Offset	\$	32,822.45
Managed Care Offset 12-20-10 to 1-10-10	\$	52,247.63
	\$	0.00
Net Claim / Payment Amount	\$	220,548.35
YTD Amount:	\$	1,083,295.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00536234

Gross Claim	\$	272,040.64
State Hospital Offset	\$	52,233.15
Managed Care Offset 12-20-10 to 1-10-10	\$	23,024.98
	\$	0.00
Net Claim / Payment Amount	\$	196,782.51
YTD Amount:	\$	1,208,336.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00028471

Gross Claim	\$	14,443.82
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	14,443.82
YTD Amount:	\$	77,672.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00141927

Gross Claim	\$	72,001.98
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	10,442.50
	\$	0.00
Net Claim / Payment Amount	\$	61,559.48
YTD Amount:	\$	317,512.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01093912

Gross Claim	\$	554,960.18
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	1,918.96
	\$	0.00
Net Claim / Payment Amount	\$	553,041.22
YTD Amount:	\$	2,905,812.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01150368

Gross Claim	\$	583,601.27
State Hospital Offset	\$	15,497.35
Managed Care Offset 12-20-10 to 1-10-10	\$	21,733.90
	\$	0.00
Net Claim / Payment Amount	\$	546,370.02
YTD Amount:	\$	2,806,251.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01168943

<u>Gross Claim</u>	\$	593,024.69
State Hospital Offset	\$	74,188.77
Managed Care Offset 12-20-10 to 1-10-10	\$	132,013.60
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	386,822.32
YTD Amount:	\$	2,472,813.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00460890

Gross Claim	\$	233,817.34
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	5,470.50
	\$	0.00
Net Claim / Payment Amount	\$	228,346.84
YTD Amount:	\$	1,194,468.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00209188

Gross Claim	\$	106,124.63
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	28,973.39
	\$	0.00
Net Claim / Payment Amount	\$	77,151.24
YTD Amount:	\$	489,620.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00058427

Gross Claim	\$	29,641.01
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	3,543.00
	\$	0.00
Net Claim / Payment Amount	\$	26,098.01
YTD Amount:	\$	155,854.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01173569

Gross Claim	\$	595,371.53
State Hospital Offset	\$	41,339.20
Managed Care Offset 12-20-10 to 1-10-10	\$	97,544.83
	\$	0.00
Net Claim / Payment Amount	\$	456,487.50
YTD Amount:	\$	2,431,883.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00129600

Gross Claim	\$	65,748.29
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	16,066.73
	\$	0.00
Net Claim / Payment Amount	\$	49,681.56
YTD Amount:	\$	299,938.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.01544085

Gross Claim	\$	783,340.61
State Hospital Offset	\$	15,497.35
Managed Care Offset 12-20-10 to 1-10-10	\$	20,787.06
	\$	0.00
Net Claim / Payment Amount	\$	747,056.20
YTD Amount:	\$	3,969,505.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00518708

Gross Claim	\$	263,149.40
State Hospital Offset	\$	46,492.07
Managed Care Offset 12-20-10 to 1-10-10	\$	20,483.44
	\$	0.00
Net Claim / Payment Amount	\$	196,173.89
YTD Amount:	\$	1,134,530.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00200507

Gross Claim	\$	101,720.61
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	101,720.61
YTD Amount:	\$	547,008.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000142A
PAYMENT ISSUE DATE: 1/27/2011

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,731,702.54	County/City Ratio:	0.00237569

Gross Claim	\$	120,522.80
State Hospital Offset	\$	0.00
Managed Care Offset 12-20-10 to 1-10-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	120,522.80
YTD Amount:	\$	648,117.87